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Meaning of patients' death for health professionals in Intensive care unit

Significado da morte de pacientes para os profissionais de saúde em unidade de terapia intensiva

Significado de la muerte de pacientes para los profesionales de salud en unidad de terapia intensiva

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This is a descriptive and exploratory research with qualitative approach, carried out in 2017, which aimed to describe and analyze the meaning of patients' death for health professionals working in the Intensive Care Unit, performed in a hospital in Minas Gerais. Data were collected through semi-structured script and subjected to thematic content analysis. The following categories emerged: "Meaning of death of patients hospitalized in the Adult Intensive Care Unit"; "Emotions aroused in health professionals towards the dying process of their patients"; and "Complicating factors faced by health professionals when dealing with the death of their patients." It was found that the management of the teams related to this Intensive Therapy Unit should take into account offering psychological and educational services regarding the palliative care/finitude of life to its health professionals.
Descriptors: Death; Health personnel; Attitude to death; Intensive care unit.

Esta é uma pesquisa descritiva e exploratória com abordagem qualitativa, realizada em 2017 e, que teve como objetivo descrever e analisar o significado da morte de pacientes para os profissionais de saúde que atuam na Unidade de Terapia Intensiva. Realizado num hospital do interior de Minas Gerais. Os dados foram coletados por meio de roteiro semiestruturado e submetido à análise de conteúdo temática. Emergiram as categorias: "Significado da morte dos pacientes internados na Unidade de Terapia Intensiva Adulto"; "Emoções despertadas nos profissionais de saúde frente ao processo de morte de seus pacientes"; e, "Fatores dificultadores enfrentados pelos profissionais de saúde ao lidaram com a morte de seus pacientes". Verificou-se que é relevante a gestão de equipes vinculadas a esta Unidade de Terapia Intensiva pesquisada se atentar para oferta de suporte psíquico e educação em serviço relacionada aos cuidados paliativos/finitude de vida aos seus profissionais de saúde.
Descritores: Morte; Pessoal de saúde; Atitude frente à morte; Unidade de terapia intensiva.

Este es un estudio descriptivo y exploratorio con enfoque cualitativo, realizado en 2017 y que tuvo por objetivo describir y analizar el significado de la muerte de los pacientes para los profesionales de la salud que trabajan en la Unidad de Cuidados Intensivos. Realizado en un hospital del interior de Minas Gerais. Los datos se recogieron a través de guión semiestructurado y se sometieron a análisis de contenido temático. Surgieron las siguientes categorías: "Significado de la muerte de los pacientes hospitalizados en la Unidad de Cuidados Intensivos de adultos"; "Las emociones despertadas en profesionales de la salud frente el proceso de la muerte de sus pacientes"; y "Factores dificultadores enfrentados por los profesionales de la salud al lidiar con la muerte de sus pacientes." Se verificó que es relevante para los equipos de gestión vinculados a la Unidad de Cuidados Intensivos investigada prestar atención para la oferta de apoyo psicológico y de educación en servicio relacionada con los cuidados paliativos / finitud de la vida a sus profesionales de la salud.
Descriptores: muerte; Personal de Salud; Actitud frente a la muerte; Unidades de cuidados intensivos.

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INTRODUCTION

Death is inevitable and inherent in the life cycle of the living being. Despite being an expected event in the life of any individual, Western culture considers it a taboo and should be avoided and excluded from daily conversations[1].

In the Middle Ages, death was seen as a natural phenomenon, less dramatic, occurring in the family environment. But, from the twentieth century, with urbanization, scientific development and implementation of new life support technologies to prolong death, it started happening in hospitals, rather than at home as in the past[1,2].

Thus, death has been a common reality in hospitals, especially in Intensive Care Units (ICU), since it is a site whose function is to serve patients who require complex and specialized care. It is noteworthy that the ICU are places of great expertise and technology, a technical space for healthcare professionals who have great knowledge, skills and ability to carry out the procedures to meet the needs of these patients[3,4].

It is not uncommon in these places, the death of patients being seen as a failure by the health team that is involved in their care. In their training, health professionals are prepared from graduation to regain health and preserve life; and they are generally not prepared scientifically and psychologically to deal with the death of their patients[5,6]. Furthermore, studies show that health professionals working in the ICU can trigger emotional exhaustion, grief and illness[7,8], as they deal with the possibility of their patients dying and experience their suffering.

This research aims to describe and analyze the meaning of patients' death for health professionals working in the Intensive Care Unit.

METHOD

This is a descriptive and exploratory study with a qualitative approach. This approach was chosen in order to enable explore aspects of a given situation and describe the characteristics of a given population or phenomenon[9].

The setting of this study was the Adult Intensive Care Unit (ICU-A) of the Clinical Hospital of the Federal University of Triângulo Mineiro (HC-UFTM). For the selection of the participants, the following inclusion criteria were used: health professionals working in the ICU-A. And, the health professionals who were in enjoyment of vacation or leave during data collection were excluded from this research.

The number of participants was defined by the saturation sampling criteria, consisting of the suspension of adding new ones when the data from the interviews start presenting redundancy or repetition, being not relevant to persist in the collection[10].

There are 31 health professionals working in this ICU. Data saturation was observed after interviews with 12 health professionals in this unit, from the following professional categories: medicine, nursing, technical nursing and physiotherapy.

Data were collected through a semi-structured interview script built into Microsoft Word program, version 2013. The interview guide consisted of socio-demographic and labor data of the research participants (gender, age, date of birth, education, marital status, religion, profession, specialty, working time).

The guiding questions about the study were: 1. What is the meaning you assign to the death of your patients? 2. What feelings are aroused in you before the death of your patients? 3. For you, what difficulties that health professionals working in this ICU face when dealing with the death of their patients? 4. Would you like to add any further information that was not asked?

Interviews were conducted in the period from June to September 2017, individually to health professionals in a private place, respecting the privacy and anonymity and, at scheduled times chosen by the participants themselves, at their best convenience, as well as after the acceptance and signing the Informed Consent (IC). The interviews were recorded through a mobile device, fully transcribed and checked twice by the researchers to ensure the reliability of the transcript.

The collected data were analyzed by the method of thematic analysis, one of the modes of content analysis, which is to identify meaning cores present in a communication, by checking the presence or frequency of these cores to an articulation with the aim of the research[9].

The analysis took place in three steps: reading of the interview material, allowing the correction of interpretive direction or the emergence of new questions; material exploration, as well as the search for categories; and, the results obtained were based on the theoretical references[9].

In presenting the results, to ensure the anonymity of the participants, they were assigned as names of stars and constellations.

As it is an investigation involving human subjects, the research project was submitted to the Ethics in Research Committee of the Federal University of Triângulo Mineiro and was approved under the number 1.981.980 2017, as recommended by the Resolution 466/12 of the national Health Council.

RESULTS

The study included 12 professionals working in the ICU-AHC-UFTM. Among them there are the following professional categories: 2 doctors (16.6%); 3 nurses (25%); 6 nursing technicians (50%) and 1 physiotherapist (8.3%), being 8 (66.6%) participants were male and 4 (33.3%) are female. The age group ranged from 30 to 69 years.

Regarding the level of schooling, 6 (50%) of the participants had complete higher education and post-graduation. With regard to marital status, 1 (8.3%) of the respondents is single, 2 (16.6%) are divorced and 9 (75%) are married. All respondents reported having a religion, as follows: 7 (58.3%) Catholics, 4 (33.3%) spiritualists and 1 (8.3%) evangelical. It is emphasized that the average time of operation of all the aforementioned in the intensive care unit was 8.9 years, as in Chart 1.

From the analysis of the interview data, three categories arouse, being presented in Figure 1.

Meaning of death of hospitalized patients in the Adult Intensive Care Unit

This category refers to the questions posed to professionals in relation to the meaning of the death of their patients. According to their reports, the death is related to the end of a cycle in which all people will one day pass through, besides being regarded as the end of suffering and the rest of the patients who are admitted to the ICU-A for a long time:

The end of a cycle (Vega).

To me it means the end of life and in some cases the end of suffering (Polaris).

I think death is the end of a stage that we have here on earth [...] (Orion).

Death often occurs as a form of rest, for many patients who already come with a continual suffering for a long time, those with a poor prognosis, with no prospect of life (Gracrux).

Some professionals emphasized spirituality as a way of dealing with the death of patients, as in the following statement:

[...] but I think the most important thing is that we have to have this spiritual support, to understand, even for us to accept the frustration [...] because if we see the meaning of death from a technical point of view, it may be more difficult for us. Because then we will start to question ourselves whether what we did was enough to keep this patient alive, if there was any failure [...] (Aquarius).

Some professionals have attributed the meaning of transition, end of one stage and mission accomplished to the death of their patient:

It is the transition from the physical to the spiritual level, it's the end of proofs and penances of matter (Andromeda).

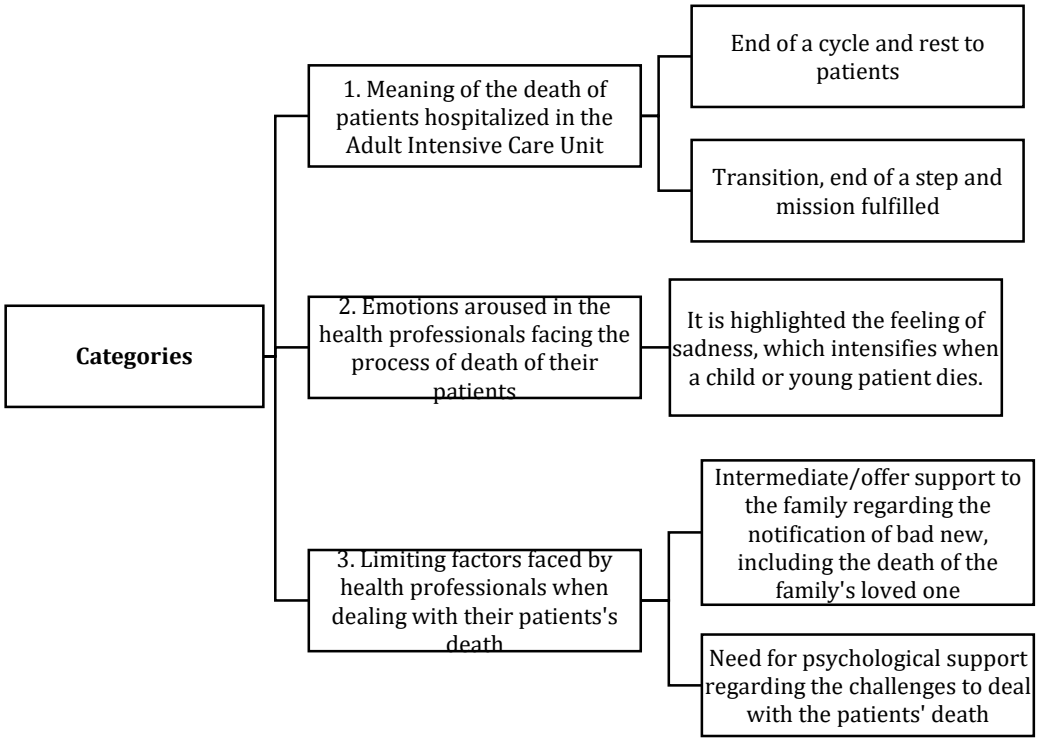
I think death is the end of a stage that we have here on earth, it is the end of this stage [...] Let's talk like that, a project here on earth and death is the end of this project on earth (Orion).

In fact, we try to always see the death of the patient giving it a spiritual significance, in fulfilling the mission he had here on the planet, so to speak [...] (Aquarius).

Chart 1. Socio-demographic profile of the participants. Uberaba, MG, Brazil. 2019.

	Gender	Age	Instruction	Marital status	Religion	Profession	Specialty	ICU time
1	Male	50 years	Higher	Married	Spiritist	Doctor	Intensive Therapy	22 years
2	Male	69 years	Higher	Married	Evangelical	Doctor	Intensive Therapy	25 years
3	Male	41 years	Higher	Married	Spiritist	Nurse	Intensive Therapy	2 years
4	Female	41 years	Higher	Divorced	Spiritist	Nurse	Intensive Therapy	14 years
5	Female	30 years	Higher	married	Catholic	Nurse	Intensive Therapy	3 years
6	Male	48 years	Technician	Single	Catholic	Nursing technician	No specialty	13 years
7	Male	41 years	Technician	Married	Catholic	Nursing technician	No specialty	Three years and two months
8	Female	35 years	Technician	Married	Catholic	Nursing technician	No specialty	Three years and four months
9	Male	48 years	Technician	Married	Catholic	Nursing technician	No specialty	17 years
10	Female	35 years	Technician	Divorced	Catholic	Nursing technician	No specialty	9 months
11	Male	42 years	Technician	Married	Catholic	Nursing technician	No specialty	3 years
12	Male	34 years	Higher	Married	Spiritist	Physiotherapist	Intensive Therapy	7 months

Figure 1. Categories about the meaning of death for health professionals at the ICU-HC-UFTM. Uberaba, MG, Brazil. 2019.



Emotions aroused in healthcare professionals regarding the death process of their patients

This category elucidates the emotions aroused in the participants through the death of their patients. Among these emotions, there is sadness, which intensifies when the patient is a child or young person. In the view of participants, death at an early age it is unacceptable:

When death is already expected due to the frame, the degree of complexity and without predictions, especially in elderly patients, the feeling is not sadness. When they are young patients, the feeling is of sadness and loss (Acrux).

I think according to each type of patient is a feeling right, so if the person lived long, has worked, raised his family, I'm easier to understand this [...] think it has fulfilled its mission, as was. So therefore, I think there are certain situations that I think death is relieving the pain of the person and there are situations that we say our so young, a lifetime ahead. So, it depends on each one (Orion).

Of course you get sad, especially when the person is younger, people you see who still has a horizon, which has a lot to do, a lot to live [...] is more sad. Now sometimes a person who is already here, an old person, who is already for many years in the hospital, you're living it there, of course that is sometimes different, now a new person who had a lot of perspective, I get more pity even know (Corvus).

With children, I feel more sensitive, not taste, look good haggard. Shakes me enough (Crux).

Another emotion that professionals have referred was the "Mission Accomplished", for having provided quality care and have offered the best they could at that time to their patients:

Sometimes, still have diseases that we still do not have what to do for the patient, so I always try to think that way and have a clear conscience that we did what could have been done for him (Aquarius).

Well, at first, death is seen by those working in the nursing field, so you have to learn to cope with death, which is an inevitable thing. If the patient to the case and we do everything you can to exhaustion. So you have to have a clear conscience that you got the best of you, you did what you could, that which is beyond our limit [...] then you have to have your conscience (Corvus).

Complicating factors faced by health professionals to have dealt with the death of their patients

This category indicates that one of the complicating factors faced by most participants in patient care is centered on the act of broker / support the family in relation to notification of difficult news, including the death of loved one, as shown below:

[...] that we have some difficulties to deal with the family for example; with the understanding that each [...] have some people who find it difficult to understand death, then I think this is a difficult and perhaps so, perhaps we understand the case to be in health, dealing on the day, we even see that evolution is what may be even better for the person, only that the family does not understand in certain situations, not accepted. So I think it can be a difficulty that I have to be mediating understood, giving this support to the family. We find people of all sorts, so maybe we understand, see that sometimes the best for person's death only that the family does not accept. Then you be mediating this is difficult (Orion).

By the challenges listed by the participants before the death of patients develop coping mechanisms, maintaining emotional detachment and some end up setting a strictly professional relationship. There was an attempt to separate the professional experience of personal life:

Not involved with the patient, his history with the hospital stay, the employee ends up absorbing for you (Vega).

Over time, we deal well with situations that present to us. We ended up getting "cold" with respect to death, even if this is his patient, whose age was little, or a traumatic death or simply old age arrived (Gracrux).

The profession and the time it makes us very cold with respect to the health-disease-death process (Andromeda).

But, I remember one thing, we here in the health field, after all these years I'm there, I'll tell you something, I do not mix my professional life with my personal life. If not, you enter screw [...] (Corvus).

Additionally, the professionals refer to the need of psychological support ahead to the challenges in dealing with death and finitude of life in their everyday work:

The dynamics of the institution does not let us remember who it was, therefore, another patient needs care. [...] There is a lack of commitment to the institution professionals working so closely with the greater good of man (Polaris).

I think the main difficulty we face with the death of the patient is the need to overcome this death quickly. Because he just died and I've got to forget that he died and play service forward. Have to clean his bed, you have to prepare to receive another patient. We do not have much time to be thinking about it. [...]. So I think it's the same this need we seek support, why the institution does not have a psychological support, we do not have to talk about it, and I think that hinders a little (Aquarius).

One participant points out the importance of teamwork and communication

process as a strategy for the management of death situation:

This is a very interesting topic, very good. But this issue is not too worked with the team. Then this would be an interesting thing. Death, how to handle and everything [...] especially with people who have many serious patients here, how to handle it all.I come from a morning schedule, so the team think of a way in the afternoon think of others at night think of others. So it would be an interesting thing to a course, do some dynamic, do something with professionals to see how it would be all right to deal with it (Phoenix).

DISCUSSION

The concept of death varies greatly depending on the culture and religious belief of each individual. By cultural and family tradition, each person carries within itself its own representation of death as a loss, break, rest or alívio11. In addition, the ICU is intended for seriously ill and at risk of imminent death, which is common to its professionals have contact with death of patients. Given this inevitable life event, these professionals may have different perceptions about death and assign it different significados[12].

In this study it was found as the end of a cycle passing the end of suffering and rest. These perceptions was a way that eventually found to protect themselves from psychological distress and to adapt to this situation in the workplace, for when health professionals face death as relief for the pain and suffering of patients, they can understand and experience this stage of life without "anguish" and "melancholy". Especially when the trader realizes that every effort has been made and all attempts were made to keep the patient alive, although it has not obtained sucesso[13].

The sense of accomplishment is allied to stop the patient's suffering and of his family, and is shown as a natural viver[14] end of the process. In this process, it is critical that the health team also seek strategies to relieve pain and suffering of the family enlutada[15].

Many professionals perceive themselves unprepared to deal with the finiteness of issues, with a view that death is synonymous with failure and impotence which may arouse in them feelings of anguish and culpa16. Thus, in trying to overcome the death of patients who maintained contact and established bonding during the time that remained in hospital and ICU care, participants stressed the importance of spirituality to help them cope with this situation.

All participants follow and believe in a particular religion (Catholic, spiritualist or evangelical), but it is not necessary that a person belonging to a religion to develop their spirituality, as it can be related to his personal search for the meaning of life or issues related to the end of earthly life. However, through the speeches note that spirituality / religiosity is an important dimension that was taken into consideration by the participants in order to understand and address the health-disease and end-of-life of the people who were under their care, influencing in understanding that life does not cease with death,

Religiosity and spirituality are factors to consider when facing terminal illness by interfering positively on welfare and the conduct of health professionals and may promote care humanizado[17]. What corroborates the findings of a study that sought to determine whether the religious / health professionals' spirituality influenced the care provided to critically ill patients admitted to the intensive care unit and found that these dimensions positively influence the patient care and assist professionals to deal with the possibility of death of indivíduo[18].

This demonstrates the importance of hospital managers create spaces for reflection and training, in which they can be worked on matters involving spirituality and religiosity of both health professionals and patients and their families so that they can deal with the terminally processes and concomitantly provide a comprehensive and humanized care to these people.

In this study, health professionals had feelings of grief, pain, sadness, helplessness, anguish, suffering in relation to the death of people who care. Such feelings are generated due to the closeness and bond that is created between the healthcare team and their patients. With the end of the patient's life it is natural for people connected to him will miss him and suffer for mesmo[16,19].

In turn, the feeling of death of children and young people was considered more

intense and impactful because their death is seen as a disruption of a biological cycle, causing dissatisfaction, disappointment and anguish in profissionais[20]. The acceptance of the finiteness of life in patients with advanced age and chronic disease was higher, as they have more comorbidities and limitações21.

There was also the feeling of helplessness and frustration through the death of their patients, which may be related to vocational training, which is focused on healing and with little emphasis on issues focused on end-of vida[22].

In the case of death of a patient in which all the assistance that could be done was done, what remains is the mission accomplished feeling, because the health staff did everything in their power to provide the ill person a humanized care. This feeling is a contrast to the feeling of helplessness, bringing a work of significance and potential of the relationship with the care provided and the process of death and dying. Here is observed the approach of palliative care philosophy that seeks to offer in order to improve the quality of life for people who are outside of the therapeutic possibilities of cure, to have a dignified and humanizada[23] death.

Health care workers who do not receive preparation in their graduation to deal with the death of their patients, have greater difficulty in dealing with the patient outside the therapeutic possibilities of cure and their families, either during the execution of their activities in serving the sick or in communicating to relatives the death of his being querido[19]. In the study presented here the participants reported difficulties in communicating the patient's death to family members.

Corroborating a study that sought to understand the process of communication of bad news from the perspective of the doctors in the context of a UTI, it was found that some of them had difficulties in communicating bad news due to lack of training or preparation for graduation, pointing the need to train professionals in hospitals in host family enlutada[24].

Studies show that because of health professionals be prepared to maintain the life, death and dying raise frustration, sadness, loss, impotence, stress and guilt, which lead them to move away from the patient in his terminally process, maintaining a strictly professional relationship in an attempt to prevent emocional[8,19] suffering.

In the survey addressed here, it was found that one of the complicating factors for participants to deal with the death of their patients is the lack of psychological support in the institution where they work, to help them cope with terminal illness. She is necessary that there is at the institution psychosocial projects to work on the theme death / dying and offer them support in difficulties and frustrations in dealing with the death of his patients[7].

This lack of psychological support, may end up generating the professional major problems that can compromise both your professional life and personal, and one of them is the burnout syndrome which is one of the consequences of occupational stress and can be caused by prolonged and chronic stress whose coping situations were not used, failed or not suficientes[25].

Thus, it is essential to the implementation of programs aimed at improving the quality of working life, which can contribute to the reduction of occupational hazards and benefit the health workers involved in the area of UTI[26].

The interdisciplinary approach, involving different professional categories, you may assist the family who experiences the process of death / dying of their loved one cope with this situation, which contributes to the whole of cuidado[27].

CONCLUSION

The data obtained in this investigation showed the importance of the hospital manager, where this study was conducted, should offer to its professional training on topics geared to palliative care and finitude of life through service education so that they can be prepared to deal with the death of patients under their care.

It is also necessary offer them psychological support and living spaces so that they can talk about their pains, anxieties

about losing patients and in developing strategies to enable them to deal with this situation.

The results refer to the reality of this ICU, cannot be generalized to similar areas of other hospitals. However, these data revealed that it is essential to pay attention to health care professionals in this environment and enable them about the end-of-life.

Other research involving the study subject, to be held in different ICU so they can be used in helping the health team to deal with death.

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CONTRIBUTIONS

Laura Andrade Martins, José Henrique da Silva Cunha, Lúcia Aparecida Ferreira and Heloisa Cristina Figueiredo Frizzo contributed in the design, data collection, analysis, drafting and review. Ludmila Borges de Castro Carvalho Silver acted in drafting and review.

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